## **BIOGRAPHICAL QUESTIONNAIRE**

THIS FORM IS NOT AN INVITATION. IT IS USED IN THE SELECTION PROCESS FOR CHOOSING CANDIDATES TO ATTEND THE MARINE CORPS' EDUCATORS' WORKSHOP IN SAN DIEGO. IT SHOWS BOTH YOUR INTEREST IN THE EDUCATORS' WORKSHOP AND THE INFORMATION NEEDED TO QUALIFY YOU. YOU'LL BE CONTACTED REGARDING YOUR STATUS, AND/OR TO RE-CONFIRM YOUR INTEREST 45 TO 60 DAYS BEFORE OUR NEXT WORKSHOP.

NAME:			DR., MRS., MRS., MISS., HON. (Please circle one)	
(Last)	(First)	(MI.)		
COMPLETE <b>HOME</b> MAILING ADDRESS	S:			
(Street address)	(City)	(State)	(Zip)	
HOME PHONE:				
WORK ADDRESS:				
(Street addre	ss)	(City)	State) (Zip)	
WORK PHONE:	E-MAIL ADDR	ESS:		
SOCIAL SECURITY NUMBER (REQUIR	ED – USED FOR FLIGHT N	MANIFEST I.D. ONLY):		
DATE AND PLACE OF BIRTH:				
SCHOOL (OR BUSINESS) AND JOB TITI	LE/DESCRIPTION:			
CIVIC/PROFESSIONAL/OTHER GROUP COMMUNITY'S YOUNG ADULTS:				
MILITARY BACKGROUND OR EXPERI	ENCE:			
IF EVER, WHAT YEAR(S) DID YOU ATT	ΓEND A MARINE CORPS E	DUCATORS' WORKSH	IOP VISIT?	
AIRPORT YOU WOULD BE DEPARTING	G FROM:			
PERSON TO BE NOTIFIED IN CASE OF	EMERGENCY:			
(Last)	(First)	(MI)	(Relationship)	
ADDRESS/PHONE NUMBER:				
SPECIAL INSTRUCTIONS REGARDING				
SI LCIAL INSTRUCTIONS REGARDING	NOTHICATION.			
HOTEL ACCOMMODATIONS ARE BE	CING PROVIDED FOR DO	UBLE OCCUPANCY (	ONLY.	
ROOM PREFERENCE (Circle one):	SMOKING	NON-SMOKING		
PERSON YOU WOULD LIKE TO SHARE	YOUR ROOM WITH:			

PRIVACY ACT STATEMENT – AUTH: SECNAV INST 5720.44A. PRINCIPAL PURPOSE: TO OBTAIN INFORMATION REQUIRED TO ADEQUATELY MANAGE THE MARINE CORPS' EDUCATORS' WORKSHOP PROGRAM. ROUTINE USES: TO MAINTAIN A RECORD OF INDIVIDUALS PARTICIPATING IN AN EDUCATORS' WORKSHOP PROGRAM, TO INCLUDE EMERGENCY DATA ON NEXT OF KIN. DISCLOSURE IS VOLUNTARY; HOWEVER, IF THE INFORMATION IS NOT FURNISHED, THE INDIVIDUAL CANNOT BE CONSIDERED ELIGIBLE TO PARTICIPATE IN THE EDUCATORS' WORKSHOP PROGRAM.